

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) <div style="text-align: center;">AVE-003RCE3</div>	
Application Number 10/024,432-Conf. #3451		Filed December 18, 2001	
For A SYSTEM AND METHOD FOR DELIVERING CONTENT TO MOBILE DEVICES			
Art Unit 2191		Examiner S. Rampuria	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$ <u>245.00</u>
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1110	\$555 \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$ _____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>12-0080</u> .			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. <div style="padding-left: 100px;">Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</div> <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>50,445</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. <div style="padding-left: 100px;">Registration number if acting under 37 CFR 1.34 _____</div>			
<div style="text-align: center;">_____ /John S. Curran/ Signature</div>		<div style="text-align: center;">_____ November 6, 2008 Date</div>	
<div style="text-align: center;">_____ John S. Curran Typed or printed name</div>		<div style="text-align: center;">_____ (617) 994-0854 Telephone Number</div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: November 6, 2008	Electronic Signature for John S. Curran: /John S. Curran/